5009/889 6 0 9 FILING DATE MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER Tot AMENDMENT AS FILED AFTER 1 DEP INO. DER . IND. DER IND. DEP. INO. DEP. INO. DER. 3 % 52 . , •53 ŗ \$ tion. 84 49. TOTAL TOTAL DEP. Ĵ Ĵ Ţ TOTAL MD. Ţ TOTAL 3)
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*ORM PTO-1380 (REV. 3-78) ₩,